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The "Sick" Women of the Upper Classes

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The affluent woman of the late nineteenth century normally spent a hushed and peaceful life indoors, sewing, sketching, reading romances, planning menus, and supervising servants and children. Her clothes, a sort of portable prison of tight corsets and long skirts, prevented activity any more vigorous than a Sunday stroll. Society agreed that she was frail and sickly. Her delicate nervous system had to be shielded as carefully as her body, for the slightest shock could send her reeling off to bed. Elizabeth Barrett Browning, for example, although she was an extraordinarily productive woman, spent six years in bed following her brother's death in a sailboat accident.

But not even the most sheltered woman lived in a vacuum. Just outside the suffocating world of the parlor and the boudoir lay a world of industrial horror. This was the period of America's industrial revolution, a revolution based on the ruthless exploitation of working people. Women, and children as young as six, worked fourteen-hour days in factories and sweatshops for sub-subsistence wages. Labour struggles were violent, bordering, at times, on civil wars. For businessmen, too, survival was a bitter struggle : you squeezed what you could out of the workers, screwed the competition, and the devil take the hindmost. Fortunes were made and destroyed overnight, and with them rode the fates of thousands of smaller businessmen.

The genteel lady of leisure was not just an anomaly in an otherwise dog-eat-dog world. She was as much a product of that world as her husband or his employees. It was the wealth extracted in that harsh outside world that enabled a man to afford a totally leisured wife. She was the social ornament that proved a man's success: her idleness, her delicacy, her childlike ignorance of "reality" gave a man the "class" that money alone could not provide. And it was the very harshness of the outside world that led men to see the home as a refuge - "a sacred place, a vestal temple," a "tent pitch'd in a world not right," presided over by a gentle, ethereal wife. Among the affluent classes, the worlds of men and women drifted farther and farther apart, with divergent standards of decorum, of health, of morality itself.

There were exceptional women in the upper classes - women who rebelled against the life of enforced leisure, the limitations on meaningful work - and it is these exceptional women who usually are remembered in history books. Many became women's rights activists or social reformers. A brave few struggled to make their way in the professions. And toward the end of the nineteenth century a growing number were demanding, and getting, college educations. But the majority of upper- and upper-middle-class women had little chance to make independent lives for themselves; they were financially at the mercy of husbands or fathers. They had to accept their roles - outwardly at least - and remain dutifully housebound, white-gloved, and ornamental. Of course, only a small minority of urban women could afford a life of total leisure, but a great many more women in the middle class aspired to it and did their best to live like "ladies."

The Cult of Female Invalidism

The boredom and confinement of affluent women fostered a morbid cult of hypochondria - "female invalidism" - that began in the mid-nineteenth century and did not completely fade until the late 1910s. Sickness pervaded upper- and upper-middle-class female culture. Health spas and female specialists sprang up everywhere and became part of the regular circuit of fashionable women. And in the 1850s a steady stream of popular home readers by doctors appeared, all on the subject of female health. Literature aimed at female readers lingered on the romantic pathos of illness and death; popular women's magazines featured such stories as "The Grave of My Friend" and "Song of Dying." Paleness and lassitude (along with filmy white gowns) came into vogue. It was acceptable, even fashionable, to retire to bed with "sick headaches," "nerves," and a host of other mysterious ailments.

In response, feminist writers and female doctors expressed their dismay at the chronic invalidism of affluent women. Dr. Mary Putnam Jacobi, an outstanding woman doctor of the late nineteenth century, wrote in 1895 :

> It is considered natural and almost laudable to break down under all conceivable varieties of strain - a winter dissipation, a houseful of servants, a quarrel with a female friend, not to speak of more legitimate reasons. ...Women who expect to go to bed every menstrual period expect to collapse if by chance they find themselves on their feet for a few hours during such a crisis. Constantly considering their nerves, urged to consider them by well-intentioned but short-sighted advisors, they pretty soon become nothing but a bundle of nerves.

Charlotte Perkins Gilman, the feminist writer and economist, concluded bitterly that American men "have bred a race of women weak enough to be handed about like invalids; or mentally weak enough to pretend they are - and to like it."

It is impossible to tell, in retrospect, how sick upper-middle-class women really were. Life expectancies for women were slightly higher than for men though the difference was nowhere near as great as it is today.

It is true, however, that women - all women - faced certain risks that men did not share, or share to the same degree. First were the risks associated with childbearing, which were all the greater in an age of primitive obstetrical technique when little was known about the importance of prenatal nutrition. In 1915 (the first year for which national figures are available) 61 women died for every 10,000 live babies born, compared to 2 for every 10,000 today, and the maternal mortality rates were doubtless higher in the nineteenth century. Without adequate, and usually without any, means of contraception, a married woman could expect to face the risk of childbirth repeatedly through her fertile years. After each childbirth a woman might suffer any number of gynecological complications, such as a prolapsed (slipped) uterus or irreparable pelvic tear, which would stay with her for the rest of her life.

Another special risk to women came with tuberculosis, the "white plague." In the mid-nineteenth century, TB raged at epidemic proportions, and it continued to be a major threat until well into the twentieth century. Everyone was affected, but women, especially young women, were particularly vulnerable, often dying at rates twice as high as those of men of their age group. For every hundred women aged twenty in 1865, more than five would be dead from TB by the age of thirty, and more than eight would be dead by the age of fifty. (It is now believed that hormonal changes associated with puberty and childbearing accounted for the greater vulnerability of young women to TB.)

The dangers of childbearing, and of TB, must have shadowed women's lives in a way that we no longer know. But these dangers cannot explain the cultural phenomenon of "female invalidism" which, unlike TB and maternal mortality, was confined to women of a particular social class. The most important legitimization of this fashion came not from the actual dangers faced by women but from the medical profession.

The medical view of women's health not only acknowledged the specific risks associated with reproductivity; it went much farther: it identified all female functions as inherently sick. Puberty was seen as a "crisis," throwing the entire female organism into turmoil. Menstruation - or the lack of it - was regarded as pathological throughout a woman's life. Dr. W.C. Taylor, in his book A Physician's Counsels to Woman in Health and Disease (1871), gave a warning typical of those found in popular health books of the time :

> We cannot too emphatically urge the importance of regarding these monthly returns as periods of ill health, as days when the ordinary occupations are to be suspended or modified... Long walks, dancing, shopping, riding and parties should be avoided at this time of month invariably and under all circumstances. ...Another reason why every woman should look upon herself as an invalid once a month, is that the monthly flow aggravates any existing affection of the womb and readily rekindles the expiring flames of disease.

Similarly, a pregnant woman was "indisposed," and doctors campaigned against the practice of midwifery on the grounds that pregnancy was a disease and demanded the care of a doctor. Menopause was the final, incurable ill, the "death of the woman in the woman."

Women's greater susceptibility to TB was seen as proof of the inherent defectiveness of female physiology. Dr. Azell Ames wrote in 1875: "It being beyond doubt that consumption...is itself produced by the failure of the (menstrual) function in the forming girls... one has been the parent of the other with interchangeable priority." Actually, as we know today, it is true that consumption may result in suspension of the menses. But at that time consumption was blamed on woman's nature and on her reproductive system. When men were consumptive, doctors sought some environmental factor, such as overexposure, to explain the disease. But in popular imagery, consumption was always effeminate : novels of the time usually featured as male consumptives only such "effete" types as poets, artists, and other men "incompetent" for serious masculine pursuits.

The association of TB with innate feminine weakness was strengthened by the fact that TB is accompanied by an erratic emotional pattern in which a person may behave sometimes frenetically, sometimes morbidly. The behaviour characteristic for the disease suited - and perhaps helped to create - the prevailing standards of female beauty. The female consumptive did not lose her feminine identity, she embodied it: the bright eyes, translucent skin, and red lips were only an extreme of traditional female beauty. A romantic myth rose up around the figure of the female consumptive and was reflected in portraiture and literature; for example, in the sweet and tragic character of Beth, in Little Women. Not only were women seen as sickly - sickness was seen as feminine.

The doctors' view of women as innately sick did not, of course, make them sick, or delicate, or idle. But it did provide a powerful rationale against allowing women to act in any other way. Medical arguments were used to explain why women should be barred from medical school (they would faint in anatomy lectures), from higher education altogether, and from voting. For example, a Massachusetts legislator proclaimed: "Grant suffrage to women, and you will have to build insane asylums in every country, and establish a divorce court in every town. Women are too nervous and hysterical to enter into politics." Medical arguments seemed to take the malice out of sexual oppression: when you prevented a woman from doing anything active or interesting, you were only doing this for her own good.

The Doctors'stake in Women's Illness

The myth of female frailty, and the very real cult of female hypochondria that seemed to support the myth, played directly to the financial interests of the medical profession. In the late nineteenth and early twentieth centuries, the "regular" AMA doctors (members of the American Medical Association - the intellectual ancestors of today's doctors) still had no legal monopoly over medical practice and no legal control over the number of people who called themselves "doctors." Competition from lay healers of both sexes, and from what the AMA saw as an excess of formally trained male physicians, had the doctors running scared. A good part of the competition was female: women lay healers and midwives dominated the urban ghettos and the countryside in many areas; suffragists were beating on the doors of the medical schools.

For the doctors, the myth of female frailty thus served two purposes. It helped them to disqualify women as healers, and, of course, it made women highly qualified as patients. In 1900 there were 173 doctors engaged in primary patient care per 100,000 population, compared to 50 per 100,000 today. So, it was in the interest of doctors to cultivate the illnesses of their patients with frequent home visits and drawn-out "treatments." A few dozen well-heeled lady customers were all that a doctor needed for a successful urban practice. Women - at least, women whose husbands could pay the bills - became a natural "client caste" to the developing medical profession.

In many ways, the upper-middle-class woman was the ideal patient: her illnesses - and her husband's bank account - seemed almost inexhaustible. Furthermore, she was usually submissive and obedient to the "doctor's orders." The famous Philadelphia doctor S. Weir Mitchell expressed his profession's deep appreciation of the female invalid in 1888:

> With all her weakness, her unstable emotionality, her tendency to morally warp when long nervously ill, she is then far easier to deal with, far more amenable to reason, far more sure to be comfortable as a patient, than the man who is relatively in a like position. The reasons for this are too obvious to delay me here, and physicians accustomed to deal with both sexes as sick people will be apt to justify my position.

In Mitchell's mind women were not only easier to relate to, but sickness was the very key to femininity:"The man who does not know sick women does not know women."

Some women were quick to place at least some of the blame for female invalidism on the doctors' interests. Dr. Elizabeth Garrett Anderson, an American woman doctor, argued that the extent of female invalidism was much exaggerated by male doctors and that women's natural functions were not really all that debilitating. In the working classes, she observed, work went on during menstruation "without intermission, and, as a rule, without ill effects." (Of course, working-class women could not have afforded the costly medical attention required for female invalidism.) Mary Livermore, a women's suffrage worker, spoke against "the monstrous assumption that woman is a natural invalid," and denounced "the unclean army of 'gynecologists' who seem desirous to convince women that they possess but one set of organs - and that these are always diseased." And Dr. Mary Putnam Jacobi put the matter most forcefully when she wrote in 1895, "I think, finally, it is in the increased attention paid to women, and especially in their new function as lucrative patients, scarcely imagined a hundred years ago, that we find explanation for much of the ill-health among women, freshly discovered today."

The "Scientific" Explanation of Female Frailty

As a businessman, the doctor had a direct interest in a social role for women that encouraged them to be sick; as a doctor, he had an obligation to find the causes of female complaints. The result was that as a "scientist," he ended up proposing medical theories that were actually justifications of women's social role.

This was easy enough to do at the time: no one had a very clear idea of human physiology. American medical education, even at the best schools, put few constraints on the doctors' imaginations, offering only a scant introduction to what was known of physiology and anatomy and no training in rigorous scientific method. So doctors had considerable intellectual license to devise whatever theories seemed socially appropriate.

Generally, they traced female disorders either to women's inherent "defectiveness" or to any sort of activity beyond the mildest "feminine" pursuits - especially sexual, athletic, and mental activity. Thus promiscuity, dancing in hot rooms, and subjection to an overly romantic husband were given as the origins of illness, along with too much reading, too much seriousness or ambition, and worrying.

The underlying medical theory of women's weakness rested on what doctors considered the most basic physiological law: "conservation of energy." According to the first postulate of this theory, each human body contained a set quantity of energy that was directed variously from one organ or function to another. This meant that you could develop one organ or ability only at the expense of others, drawing energy away from the parts not being developed. In particular, the sexual organs competed with the other organs for the body's fixed supply of vital energy. The second postulate of this theory - that reproductivity was central to a woman's biological life - made this competition highly unequal, with the reproductive organs in almost total command of the whole woman.

The implications of the "conservation of energy" theory for male and female roles are important. Let's consider them.

Curiously, from a scientific perspective, men didn't jeopardize their reproductivity by engaging in intellectual pursuits. On the contrary, since the mission of upper- and upper-middle-class men was to be doers, not breeders, they had to be careful not to let sex drain energy away from their "higher functions." Doctors warned men not to "spend their seed" (i.e., the essence of their energy) recklessly, but to conserve themselves for the "civilizing endeavors" they were embarked upon. College youths were jealously segregated from women - except on rare sexual sprees in town - and virginity was often prized in men as well as women. Delibitated sperm would result from too much "indulgence," and this in turn could produce "runts," feeble infants, and girls.

On the other hand, because reproduction was woman's grand purpose in life, doctors agreed that women ought to concentrate their physical energy internally, towards the womb. All other activity should be slowed down or stopped during the peak periods of sexual energy use. At the onset of menstruation, women were told to take a great deal of bed rest in order to help focus their strength on regulating their periods - though this might take years. The more time a pregnant woman spent lying down quietly, the better. At menopause, women were often put to bed again.

Doctors and educators were quick to draw the obvious conclusion that, for women, higher education could be physically dangerous. Too much development of the brain, they counseled, would atrophy the uterus. Reproductive development was totally antagonistic to mental development. In a work entitled Concerning the Physiological and Intellectual Weakness of Women, the German scientist P. Moebius wrote :

> If we wish woman to fulfill the task of motherhood fully she cannot possess a masculine brain. If the feminine abilities were developed to the same degree as those of the male, her maternal organs would suffer and we should have before us a repulsive and useless hybrid.

In the United States this thesis was set forth most cogently by Dr. Edward Clarke of Harvard College. He warned, in his influential book Sex in Education (1873), that higher education was already destroying the reproductive abilities of American women.

Even if a woman should choose to devote herself to intellectual or other "unwomanly" pursuits, she could hardly hope to escape in domination of her uterus and ovaries. In The Diseases of Woman (1849), Dr. F. Hollick wrote: "The Uterus, it must be remembered, is the controlling organ in the female body, being the most excitable of all, and so intimately connected, by the remifications of its numerous nerves, with every other part." To other medical theorists, it was the ovaries that occupied center stage. This passage, written in 1870 by Dr. W.W. Bliss, is, if somewhat overwrought, nonetheless typical:

> Accepting, then, these views of the gigantic power and influence of the ovaries over the whole animal economy of woman, - that they are the most powerful agents in all the commotions of her system; that on them rest her intellectual standing in society, her physical perfection, and all that lends beauty to those fine and delicate contours which are constant objects of admiration, all that is great, noble and beautiful, all that is voluptuous, tender, and endearing, that her fidelity, her devotedness, her perpetual vigilance, forecast, and all those qualities of mind and disposition which inspire respect and love and fit her as the safest counsellor and friend of man, spring from the ovaries, - what must be their influence and power over the great vocation of woman and the august purposes of her existence when these organs have become compromised through disease! Can the record of woman's mission on earth be otherwise than filled with tales of sorrow, sufferings, and manifold infirmities, all through the influence of these important organs?

This was not mere textbook rhetoric. In their actual medical practices, doctors found uterine and ovarian "disorders" behind almost every female complaint, from headaches to sore throats and indigestion. Curvature of the spine, bad posture, or pains anywhere in the lower half of the body could be the for it by stroking the breasts or the clitoris. But under the stern disapproval, there always lurked the age-old fear of and fascination with woman's "insatiable lust" that, once awakened, might be totally uncontrollable. In 1853, when he was only twenty-five years old, the British physician Robert Brudenell Carter wrote (in a work entitled On the Pathology and Treatment of Hysteria) :

> No one who has realized the amount of moral evil wrought in girls...whose prurient desires have been increased by Indian hemp and partially gratified by medical manipulations, can deny that remedy is worse than disease. I have...seen young unmarried women, of the middle class of society, reduced by the constant use of the speculum to the mental and moral condition of prostitutes; seeking to give themselves the same indulgence by the practice of solitary vice; and asking every medical practitioner...to institute an examination of the sexual organs.

(Did Dr. Carter's patients actually smoke "Indian hemp" or beg for internal examinations? Unfortunately, we have no other authority on the subject than Dr. Carter himself.)

Medical Treatments

Uninformed by anything that we would recognize today as a scientific description of the way human bodies work, the actual practice of medicine at the turn of the century was largely a matter of guesswork, consisting mainly of ancient remedies and occasional daring experiments. Not until 1912, according to one medical estimate, did the average patient, seeking help from the average American doctor, have more than a fifty-fifty chance of benefiting from the encounter. In fact, the average patient ran a significant risk of actually getting worse as a result: bleeding, violent purges, heavy doses of mercury-based drugs, and even opium were standard therapeutic approaches throughout the nineteenth century, for male as well as female patients. Even well into the twentieth century, there was little that we would recognize as modern medical technology. Surgery was still a highly risky enterprise; there were no antibiotics or other "wonder drugs"; and little was understood, medically, of the relationship between nutrition and health or of the role of hormones in regulating physiological processes.

Every patient suffered from this kind of hit-or-miss treatment, but some of the treatments applied to women now seem particularly useless and bizarre. For example, a doctor confronted with what he believed was an inflammation of the reproductive organs might try to "draw away" the inflammation by creating what he thought were counter-irritations - blisters or sores on the groin or the thighs. The common medical practice of bleeding by means of leeches also took on some very peculiar forms in the hands of gynecologists. Dr. F. Hollick, speaking of methods of curing amenorrhea (chronic lack of menstrual periods),commented: "Some authors speak very highly of the good effects of leeches, applied to the external lips(of the genitals), a few days before the period is expected." Leeches on the breasts might prove effective too, he observed, because of the deep sympathy between the sexual organs. In some cases leeches were even applied to the cervix despite the danger of their occasional loss in the uterus. (So far as we know, no doctor ever considered perpetrating similar medical insults to the male organs.)

Such methods could be dismissed as well intentioned, if somewhat prurient, experimentation in any age of deep medical ignorance. But there were other "treatments" that were far more result of "displacement" of the womb, and one doctor ingeniously explained how constipation results from the pressure of the uterus on the rectum. Dr. M.E. Dirix wrote in 1869 :

> Thus, women are treated for diseases of the stomach, liver, kidneys, heart, lungs, etc.; yet, in most instances, these diseases will be found, on due investigation, to be, in reality, no diseases at all, but merely the sympathetic reactions or the symptoms of one disease, namely, a disease of the womb.

The Psychology of the Ovary

If the uterus and ovaries could dominate woman's entire body, it was only a short step to the ovarian takeover of woman's entire personality. The basic idea, in the nineteenth century, was that female psychology functioned merely as an extension of female reproductivity, and that woman's nature was determined solely by her reproductive functions. The typical medical view was that "The ovaries...give to woman all her characteristics of body and mind..." And Dr. Bliss remarked, somewhat spitefully, "The influence of the ovaries over the mind is displayed in woman's artfulness and dissimulation." According to this "psychology of the ovary," all woman's "natural" characteristics were directed from the ovaries, and any abnormalities - from irritability to insanity - could be attributed to some ovarian disease. As one doctor wrote, "All the various and manifold derangements of the reproductive system, peculiar to females, add to the causes of insanity." Conversely, actual physical reproductive problems and diseases, including cancer, could be traced to bad habits and attitudes.

Masturbation was seen as a particularly vicious character defect that led to physical damage, and although this was believed to be true for both men and women, doctors seemed more alarmed by female masturbation. "They warned that "The Vice" could lead to menstrual dysfunction, uterine disease, and lesions on the genitals. Masturbation was one form of "hypersexuality," which was said to lead to consumption; in turn, consumption might result in hypersexuality. The association between "hypersexuality" and TB was easily "demonstrated" by pointing to the high rates of TB among prostitutes. All this fueled the notion that "sexual disorders" led to disease, and conversely, that disease lay behind women's sexual desires.

The medical model of female nature, embodied in the "psychology of the ovary," drew a rigid distinction between reproductivity and sexuality. Women were urged by the health books and the doctors to indulge in deep preoccupation with themselves as "The Sex"; they were to devote themselves to developing their reproductive powers, their maternal instincts, their "femininity." Yet they were told that they had no "natural" sexual feelings whatsoever. They were believed to be completely governed by their ovaries and uteruses, but to be repelled by the sex act itself. In fact, sexual feelings were seen as unwomanly, pathological, and possibly detrimental to the supreme function of reproduction. (Men, on the other hand, were believed to have sexual feelings, and many doctors went so far as to condone prostitution on the grounds that the lust of upper-middle-class males should have some outlet other than their delicate wives.)

The doctors themselves never seemed entirely convinced of this view of female nature. While they denied the existence of female sexuality as vigorously as any other men of their times, they were always on the lookout for it. Medically, this vigilance was justified by the idea that female sexuality could only be pathological. So it was only natural for some doctors to test sinister - those aimed at altering female behavior. The least physically destructive of these was based, simply, on isolation and uninterrupted rest. This was used to treat a host of problems diagnosed as "nervous disorders."

Passivity was the main prescription, along with warm baths, cool baths, abstinence from animal foods and spices, and indulgence in milk and puddings, cereals, and "mild sub-acid fruits." Women were to have a nurse - not a relative - to care for them, to receive no visitors, and as Dr. Dirix wrote, "all sources of mental excitement should be perseveringly guarded against." Charlotte Perkins Gilman was prescribed this type of treatment by Dr. S. Weir Mitchell, who advised her to put away all her pens and books, Gilman later described the experience in the story "The Yellow Wallpaper," in which the heroine, a would-be writer, is ordered by her physician-husband to "rest":

> So I take phosphates or phosphites - whichever it is, and tonics and journeys, and air, and exercise, and am absolutely forbidden to "work" until I am well again.
>
> Personally, I disagree with their ideas.
>
> Personally, I believe that congenial work, with excitement and change, would do me good.
>
> But what is one to do?
>
> I did write for a while - in spite of them; but it does exhaust me a good deal - having to be so sly about it... or else meet with heavy opposition.

Slowly Gilman's heroine begins to lose her grip ("It is getting to be a great effort for me to think straight. Just this nervous weakness, I suppose.") and finally she frees herself from her prison - into madness, crawling in endless circles about her room, muttering about the wallpaper.

But it was the field of gynecological surgery that provided the most brutally direct medical treatments of female "personality disorders." And the surgical approach to female psychological problems had what was considered a solid theoretical basis in the theory of the "psychology of the ovary." After all, if a woman's entire personality was dominated by her reproductive organs, then gynecological surgery was the most logical approach to any female psychological problem. Beginning in the late 1860s, doctors began to act on this principle.

At least one of their treatments probably was effective : surgical removal of the clitoris as a cure for sexual arousal. A medical book of this period stated: "Unnatural growth of the clitoris...is likely to lead to immorality as well as to serious disease... amputation may be necessary." Although many doctors frowned on the practice of removing the clitoris, they tended to agree that this might be necessary in cases of "nymphomania." (The last clitorectomy we know of in the United States was performed twenty-five years ago on a child of five, as a cure for masturbation.)

More widely practiced was the surgical removal of the ovaries - ovariotomy, or "female castration." Thousands of these operations were performed from 1860 to 1890. In his article "The Spermatic Economy," Ben Barker-Benfield describes the invention of the "normal ovariotomy," or removal of ovaries for nonovarian conditions - in 1872 by Dr. Robert Battey of Rome, Georgia.

> Among the indications were a troublesomeness, eating like a ploughman, masturbation, attempted suicide, erotic tendencies, persecution mania, simple "cussedness," and dysmenorrhea. Most apparent in the enormous variety of symptoms doctors took to indicate castration was a strong current of sexual appetitiveness on the part of women.

Patients were often brought in by their husbands, who complained of their unruly behavior. When returned to their husbands, "castrated," they were "tractable, orderly, industrious and cleanly," according to Dr. Battey. (Today ovariotomy, accompanying a hysterectomy, for example, is not known to have these effects on the personality. One can only wonder what, if any, personality changes Dr. Battey's patients really went through.) Whatever the effects, some doctors claimed to have removed from fifteen hundred to two thousand ovaries; in Barker-Benfield's words, they "handed them around at medical society meetings on plates like trophies."

We could go on cataloging the ludicrous theories, the lurid cures, but the point should be clear: late nineteenth-century medical treatment of women made very little sense as medicine, but it was undoubtedly effective at keeping certain women - those who could afford to be patients - in their place. As we have seen, surgery was often performed with the explicit goal of "taming" a high-strung women, and whether or not the surgery itself was effective, the very threat of surgery was probably enough to bring many women into line. Prescribed bed rest was obviously little more than a kind of benign imprisonment - and the prescriptions prohibiting intellectual activity speak for themselves!

But these are just the extreme "cures." The great majority of upper-middle-class women were never subjected to gynecological surgery or long-term bed rest, yet they too were victims of the prevailing assumptions about women's "weakness" and the necessity of frequent medical attention. The more the doctors "treated," the more they lured women into seeing themselves as sick. The entire mystique of female sickness - the house calls, the tonics and medicines, the health spas - served, above all, to keep a great many women busy at the task of doing nothing. Even among middle-class women who could not afford constant medical attention and who did not have the leisure for full-time invalidism, the myth of female frailty took its toll, with cheap (and often dangerous) patent medicines taking the place of high-priced professional "cures."

One very important effect of all this was a great increase in the upper-middle-class woman's dependence on men. To be sure, the leisured lady of the "better" classes was already financially dependent on her husband. But the cult of invalidism made her seem dependent for her very physical survival on both her doctor and her husband. She might be tired of being a kept woman, she might yearn for a life of meaning and activity, but if she was convinced that she was seriously sick or in danger of becoming so, would she dare to break away? How could she even survive on her own, without the expensive medical care paid for by her husband? Ultimately, she might even become convinced that her restlessness was itself "sick" - just further proof of her need for a confined, inactive life. And if she did overcome the paralyzing assumption of women's innate sickness and begin to act in unconventional ways, a doctor could always be found to prescribe a return to what was considered normal.

In fact, the medical attention directed at these women amounted to what may have been a very effective surveillance system. Doctors were in a position to detect the first signs of rebelliousness, and to interpret them as symptoms of a "disease" which had to be "cured."

Subverting the Sick Role

It would be a mistake to assume that women were merely the passive victims of a medical reign of terror. In some ways, they were able to turn the sick role to their own advantage, especially as a form of birth control. For the "well-breed" woman to whom sex really was repugnant, and yet a "duty," or for any woman who wanted to avoid pregnancy, "feeling sick" was a way out - and there were few others. Contraceptive methods were virtually unavailable; abortion was risky and illegal. It would never have entered a respectable doctor's head to advise a lady on contraception (if he had any advice to offer, which is unlikely), or to offer to perform an abortion (at least according to AMA propaganda). In fact, doctors devoted considerable energy to "proving" that contraception and abortion were inherently unhealthy, and capable of causing such diseases as cancer. (This was before the pill!) But a doctor could help a woman by supporting her claims to be too sick for sex: he could recommend abstinence. So who knows how many of this period's drooping consumptives and listless invalids were actually well women, feigning illness to escape intercourse and pregnancy?

If some women resorted to sickness as a means of birth - and sex - control, others undoubtedly used it to gain attention and a limited measure of power within their families. Today, everybody is familiar with the (sexist) myth of the mother-in-law whose symptoms conveniently strike during family crises. In the nineteenth century, women developed, in epidemic numbers, an entire syndrome which even doctors sometimes interpreted as a power grab rather than a genuine illness. The new disease was hysteria, which n many ways epitomized the cult of female invalidism. It affected upper- and upper-middle-class women almost exclusively; it had no discernible organic basis; and it was totally resistant to medical treatment. For those reasons alone, it is worth considering in some detail.

A contemporary doctor described the hysterical fit this way:

> The patient...loses the ordinary expression of countenance, which is replaced by a vacant stare; becomes agitated; falls if before standing; throws her limbs about convulsively; twists the body into all kinds of violent contortions; beats her chest; sometimes tears her hair; and attempts to bite herself and others; and, though a delicate woman, evinces a muscular strength which often requires four or five persons to restrain her effectually.

Hysteria appeared, not only as fits and fainting, but in every other form: hysterical loss of voice, loss of appetite, hysterical coughing or sneezing, and, of course, hysterical screaming, laughing, and crying. The disease spread wildly, yet almost exclusively in a select clientele of urban middle- and upper-middle-class white women between the ages of fifteen and forty-five.

Doctors became obsessed with this "most confusing, mysterious and rebellious of diseases." In some ways, it was the ideal disease for the doctors: it was never fatal, and it required an almost endless amount of medical attention. But it was not an ideal disease from the point of view of the husband and family of the afflicted woman. Gentle invalidism had been one thing; violent fits were quite another. So hysteria put the doctors on the spot. It was essential to their professional self-esteem either to find an organic basis for the disease, and cure it, or to expose it as a clever charade.

There was plenty of evidence for the latter point of view. With mounting suspicion, the medical literature began to observe that hysterics never had fits when alone, and only when there was something soft to fall on. One doctor accused them of pinning their hair in such a way that it would fall luxuriantly when they fainted. The hysterical "type" began to be characterized as a "petty tyrant" with a "taste for power" over her husband, servants, and children, and, if possible, her doctor.

In historian Carroll Smith-Rosenberg's interpretation, the doctor's accusations had some truth to them: the hysterical fit, for many women, must have been the only acceptable outburst - of rage, of despair, or simply of energy - possible. But as a form of revolt it was very limited. No matter how many women might adopt it, it remained completely individualized: hysterics don't unite and fight. As a power play, throwing a fit might give a brief psychological advantage over a husband or a doctor, but ultimately it played into the hands of the doctors by confirming their notion of women as irrational, unpredictable, and diseased.

On the whole, however, doctors did continue to insist that hysteria was a real disease - a disease of the uterus, in fact. (Hysteria comes from the Greek word for uterus.) They remained unshaken in their conviction that their own house calls and high physician's fees were absolutely necessary; yet at the same time, in their treatment and in their writing, doctors assumed an increasingly angry and threatening attitude. One doctor wrote, "It will sometimes be advisable to speak in a decided tone, in the presence of the patient, of the necessity of shaving the head, or of giving her a cold shower bath, should she not be soon relieved." He then gave a "scientific" rationalization for this treatment by saying, "The sedative influence of fear may allay, as I have known it to do, the excitement of the nervous centers."

Carroll Smith-Rosenberg writes that doctors recommended suffocating hysterical women until their fits stopped, beating them across the face and body with wet towels, and embarrassing them in front of family and friends. She quotes Dr. F.C. Skey: "Ridicule to a woman of sensitive mind, is a powerful weapon ...but there is not an emotion equal to fear and the threat of personal chastisement... They will listen to the voice of authority." The more women became hysterical, the more doctors became punitive toward the disease; and at the same time, they began to see the disease everywhere themselves until they were diagnosing every independent act by a woman, especially a women's rights action, as "hysterical."

With hysteria, the cult of female invalidism was carried to its logical conclusion. Society had assigned affluent women to a life of confinement and inactivity, and medicine had justified this assignment by describing women as innately sick. In the epidemic of hysteria, women were both accepting their inherent "sickness" and finding a way to rebel against an intolerable social role. Sickness, having become a way of life, became a way of rebellion, and medical treatment, which had always had strong overtones of coercion, revealed itself as frankly and brutally repressive.

But hysteria is more than a bizarre twist of medical history. The nineteenth-century epidemic of hysteria had lasting significance because it ushered in a totally new "scientific" approach to the medical management of women.